U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



1. File Number U - 8355

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2. Fiscal Year Covered From:

	1 / 1 / 2004 Through: 12 / 31 / 2604			
3. Name and address of person filing.	4. Name, file number, and address of labor organization.			
Name GARY D. PORTER	Name LOCAL 76 I.B.R.W.			
	Labor Organization File Number 010 -422			
P.O. Box, Bldg., Room No., if any SUITE VOL	P.O. Box, Building and Room Number, if any Sいた 101			
Street 3049 50 36th St.	Street 3049 So. 364h ST			
City TACOMA	City TACOMA			
State WASHINGTON ZIP Code + 4 98409-5729	State WASHING TON ZIP Code + 4 98409-5729			
5. Position in labor organization.	REDRESENTATIVE			
Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):				
A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organization.	derived income or other economic benefit of on represents or is actively seeking to represent.			
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.			
Name				
Trade Name, if any:				
P.O. Box, Bldg., Room No., if any				
	7.b. Amount.			
Street				
State State				
Signature				
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)				
Signed John Donates	On <u>8-9-05</u> <u>253-475-1190</u> Date Telephone Number			
Form LM-30 (2003)	Page 1 of 2			

Name of Person Filing GARY D. Porten	File Number U-				
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.					
8. Name and address of Business (including trade name, if any). Name McMorgan/New York Life investment Trade Name, if any: P.O. Box, Bldg., Room No., if any Suite 700 Street 720 S. W. WASHINGTON ST. City Portland State GREGON ZIP Code +4 97205	9. Business deals with: a. Labor Organization b. Trust c. Employer				
10. If 9.b. or 9.c. is checked give trust or employer's name. Name LOCAL UNION 76 TBEW JOINT TRUSTS Trade Name, if any: P.O. Box, Bldg., Room No., if any P.O. Box 220 Street City Sopp LAKE State WASHINGTON ZIP Code + 4 98851	11.a. Nature of such dealing. JAN. 28,04 LUNCH (STANLEY + JUNEZ3, 04 SUNRIVER GOLF SEPT. 14,04 BULLSESSION GOL CHARITY TOURNAME. 11.b. Approximate dollar value of such dealing. 12.a. Nature of interest held or income received.	SENFORTS \$43,91 \$87.50 F \$250.00 ENT			
	12.b. Amount.				
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money	r parts A and B above) or other thing of value.				
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.				
Name	Van decoration in the second s	boths and course from all courses			
Trade Name, if any:		Action and Applications			
P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4					
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment.				

Name of Person Filing GARY D. PORT	File Number U-				
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.					
8. Name and address of Business (including trade name, if any).	9. Business deals with:				
Name MARCO CONSULTING	a. Labor Organization				
Trade Name, if any:	a. Labor Organization Description:				
P.O. Box, Bldg., Room No., if any	c. Employer				
Street 550 WEST WASHINGTON	bazad				
City CHICAGO					
State LL1/1005 ZIP Code + 4 6066					
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.				
Name LOCAL UNION 76 IBEW JOINT TRUSTS	JUNE 22 ASPEN LAKE GOLF \$64.00				
Trade Name, if any:					
P.O. Box, Bldg., Room No., if any P.O. BOX 220					
Street	11.b. Approximate dollar value of such dealing.				
City SOAP LAKE	12.a. Nature of interest held or income received.				
State WASHINGTON ZIP Code + 4 98651	A constant				
	12.b. Amount.				
C. Received from any employer (other than an employer covered un- or from any labor relations consultant to an employer any payment of mone					
13.a. Name and address of Employer or Labor Relations Consultant	14.a. Nature of payment.				
(including trade name, if any).					
Name					
Trade Name, if any:					
P.O. Box, Bldg., Room No., if any					
Street					
City					
State ZIP Code + 4					
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment.				

Name of Person Filing GARY D. PORTER	Fi	le Number U-
B. Held an interest in or derived income or economic benefit with monetary substantial part of which consists of buying from, selling or leasing to, or oft of an employer whose employees your labor organization represents or is a (2) any part of which consists of buying from or selling or leasing directly or dealing with your labor organization or with a trust in which your labor organization.	nerwise dealing with the business actively seeking to represent, or indirectly to, or otherwise	
8. Name and address of Business (including trade name, if any). Name TBEW/NECH LMCC Trade Name, if any: P.O. Box, Bldg., Room No., if any Sulf 102 Street 8815 S. TACOMA WAY City TACOMA State WASHING TON ZIP Code +4 98499	9. Business deals with: a. Labor Organization b. Trust c. Employer	
10. If 9.b. or 9.c. is checked give trust or employer's name. Name	11.a. Nature of such dealing. COST OF TRAVEL AND LODGING IN CONNECTION WITH ATTENDANCE TO THE NATIONAL LMCC CONFERENCE HELD IN RENO No. 10/26/04-10/28/04 11.b. Approximate dollar value of such dealing. 4860-31	
P.O. Box, Bldg., Room No., if any Suite 101 Street 3049 So. 3614 St. City TACOMA		
State WASH ZIP Code + 4 98 409		
	12.b. Amount.	Based States of Colors
C. Received from any employer (other than an employer covered un or from any labor relations consultant to an employer any payment of mon	der parts A and B above) ey or other thing of value.	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.	
Name		
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street		
	Secretary Secret	
State ZIP Code + 4		
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.	

Name of Person Filling GARY W. Ponten	File Number U-				
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.					
8. Name and address of Business (including trade name, if any). Name LOCALUNION TOTBEW JOINT TRUCTS Trade Name, if any: P.O. Box, Bldg., Room No., if any P.O. Box ZZO Street City SOAP LAKE State WASHINGTON ZIP Code +4 98851	9. Business deals with: a. Labor Organization b. Trust c. Employer				
10. If 9.b. or 9.c. is checked give trust or employer's name. Name	11.a. Nature of such dealing. COST OF TRAVEL AND IN CONNECTION WITH MARCO CONSULT HELD IN PALM SPIZING FEB. 2,04 - FEB. 4,04 11.b. Approximate dollar value of such dealing. 12.a. Nature of interest held or income received.	THENDANCE TING COFFERENCE , CALF. ON			
	12.b. Amount.				
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.					
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.				
Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4					
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.				